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Spinal Connection

VOTING 2012: Your Right and Your Responsibility

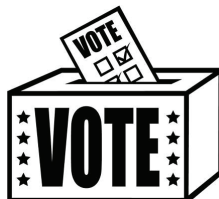
Are you registered to vote? Nation-wide figures show that in the 2008 elections, voter turnout for people with disabilities was 7% lower than for people without disabilities. In Arkansas it was 9.2% lower for people with disabilities than without.

Why aren't more people with disabilities casting their ballots? According to the Federal Election Commission, more than 20,000 polling facilities across the nation are not accessible to people with disabilities, even though the Americans With Disabilities Act (ADA) has required them to be accessible since 1990. Many polling facilities are located in churches or meeting halls where there are no wheelchair accessible ramps, doorways are too narrow, and there is no accessible parking available. Studies have shown that many people with disabilities, although interested in participating in the voting process, simply stay home on election day due to lack of accessibility at the polling facility.

According to Rob Hammons, Assistant Director of Elections in the Arkansas Secretary of State's Office, "We have been working with County Election Commissions since 2003 to improve voter access. We evaluate every polling place before and after each election. If a voter runs into a accessibility problem, contact your County Election Board or County Clerk immediate-

ly. You can also contact my office at 501-683-3717".

If you choose not to go to the polling place, you can request an absentee ballot. This is an effective and convenient way for individuals to cast their votes without physically traveling to the polling facility and is available for citizens who will be out of town on the day of the election, or have an illness or physical disability. You can print a copy of the Absentee Ballot Application Form at



http://www.longdistancevoter.org/files/voter_forms/arkansas-absentee.pdf or call your County Clerk to request the form and it will be mailed to you. Complete the form and mail it to the County Clerk's office in your county. Absentee Ballot Application Forms must be received at least 7 days prior to an election. Upon approval of your Absentee Ballot Application, the County Clerk will mail you a ballot. You complete the ballot and return it by 7:30 p.m. on the day of the election.

Another option to assure an accessible polling place is to take advantage of early voting. Early voting is scheduled at several sites in each

county and a voter does not have to vote at his or her precinct. You can vote at any accessible early voting site in your county and do not have to wait until election day to find your precinct

"Why vote? Because in America, that is the way we change things. That is the way we reform the system. That is the way we guard against the threats to our liberties and exercise our responsibilities. That is the way that we keep America free" according to Peter Roff of FOX News.

If you are not satisfied with things, it is your right and your responsibility to take part in the election process. Elected officials represent you and your interests.

If you are not registered to vote you may register online at <http://www.registertovote.org/Arkansas>. You may also call the County Clerk's office, go to your local Revenue office or your ASCC Case Manager can register you to vote. Your Voter Registration Form must be postmarked 30 days prior to an election for you to vote.

"Nobody will ever deprive the American people of the right to vote except the American people themselves and the only way they could do this is by not voting." Franklin D. Roosevelt – 32nd President of the United States

SPINAL CONNECTION

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With Thanks

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ASCC accepts tax-deductible donations. Contributions are used to assist our clients through purchases of equipment and educational resources.

To make a contribution, please contact ASCC at **501-296-1788 / 1-800-459-1517** (voice) / **501-296-1794** (TDD), or send your donation to:

**AR Spinal Cord Commission
1501 N. University, Suite 470
Little Rock, AR 72207**

From the Director

It is Fall, my favorite season of the year! Football, the crisp cool air and the beautiful fall leaves! I love it!

But it means we are moving to the end of the year! The holidays will be here before we know it. October is when I take stock of what we've accomplished this year and what we have left to do! The answer to both is LOTS!

One big accomplishment at the Commission this year is our Client Survey. We conduct this survey every other year to get information about you, our clients and also get your input about how we are doing in providing services to you. We sent a mailed questionnaire to half of our clients around the state and got back about 30%. Those folks were reflective of our population, so we feel good about the data! If you would like a copy of the complete survey results, please call us at 1-800-459-1517, but here are the 'high points':

Our population, like America is graying. Only about 5 % of our clients are under 20, 26% between 20 and 39, 44% between 40 and 59 and 25% are 60 or older! About a third have lived with their disabilities less than 5 years, about a third from 6 – 20 years and a third over 20 years!

Only about 11% are employed. The most frequent source of income is Social Security Disability (SSDI) at 44% followed by 16% who receive State Supplemental Income (SSI). About a fourth get income from multiple sources.

With all that is going on with healthcare these days, we were especially interested in healthcare coverage. The largest group, 27% had both Medicare and Medicaid, followed by 24% with Medicare and 19% with Medicaid. About 13% have private or workers compensation insurance and 4% utilize Veterans benefits. Only about 2% said they had no coverage at all.

Half of you receive some type of personal care services, a third use less than 20 hours per week, a third 21 to 50 hours and a third over 50. About 28% say they need more help than they receive.

In terms of lifestyle, 58% have a landline telephone and 74% have a cell phone. About half have Internet access. We didn't ask about Facebook! 75% of you read the Spinal Connection when it comes in the mail. When it comes to planning for emergencies, like most Arkansans, most of you have thought about making a plan and preparing a kit, but only 15% are prepared!

Thanks so much to those of you who responded. Your input is helpful to us in our planning efforts.

Enjoy the beautiful fall don't forget to vote!

Cheryl L. Vines

New Case Managers Arrive at ASCC



Elizabeth Drake and Brian Kremer began their training and orientation as ASCC Case Managers in August. Elizabeth will be assuming the Case Manager responsibilities in the West Memphis Office and Brian will assume his duties in the Ft. Smith Office. "We are fortunate to have hired two individuals with excellent Case Management experience", said Client Services Administrator, Patti Rogers.

Elizabeth holds a Bachelors degree in Social Work from Arkansas State University and is a certified Drug and Alcohol Counselor. She previously worked for the Department of Community Corrections as a Drug Court Counselor and also has several years experience working as a Social Worker in the Public School System. Having previously worked in Crittenden and several of the surrounding counties she is very

familiar with resources in her area, and has already begun contacting clients on her caseload.

Elizabeth, husband Matthew, 9 month old daughter Jessie and miniature schnauzer Ela live in Marion. Having a small baby doesn't leave much time for too many extracurricular activities but when she has a chance Elizabeth enjoys travelling, reading a good a book and scrap booking.

Brian received his Bachelors degree in Sociology/Psychology from Henderson State University and is a Certified Drug and Alcohol Counselor. He previously worked for approximately 9 years as a Case Manager in an adolescent inpatient/outpatient treatment center. His previous Case Management experience and the fact that he is a life long resident of Ft. Smith has provided him with a strong knowledge of community resources and services. Brian, his fiancée Page, and Cocker Spaniel Jack live in Ft. Smith. Brian has a passion for aviation, is a licensed pilot and has his own plane. He is an avid Razorback fan and loves out door activities.

Please join the ASCC Staff and Commission Members in welcoming Elizabeth and Brian!

Wheelchair Basketball Season

Fall has arrived and wheelchair basketball season has begun! Arkansas has three wheelchair basketball teams around the state and they are always looking for new players! Players must have a mobility impairment that prevents them from playing stand up basketball. Manual wheelchair users always qualify, but players are not required to be "fulltime" wheelchair users. Many wheelchair basketball players use the chair

only for playing basketball! Most teams can assist the new player with finding a sports wheelchair. The teams accept both men and women and may have an age requirement. The Arkansas teams all play in the Arkansas Valley Conference of the National Wheelchair Basketball Association and will be vying to qualify for the National Wheelchair Basketball Tournament in Louisville, Kentucky in April 2013.

If you would like more information please contact:

•Arkansas Rollin' Razorbacks:
Jared Johnson, 501-240-1529,
rollinjared@yahoo.com

•Ft. Smith Shooting Stars
Doug Moore, 479-806-8937,
dojomoore42@yahoo.com

•Northwest Arkansas Wild Wheels
Earl Talley, 479-790-6562,
ebt19@att.net



Urinary Tract Infections Prevention and Treatment

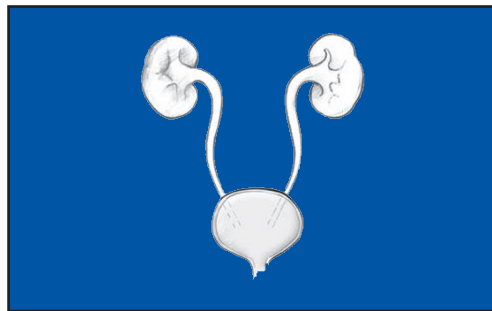
By Tom Kiser, M.D., ASCC Medical Director

The goals of bladder management are multifold: 1. Prevent damage to the kidneys caused by high pressure urine leaking from the bladder back to the kidneys (that is why we use bladder relaxing medications such as oxybutynin and try to avoid letting the bladder overfill by performing frequent catheterization). 2. Prevent urine leakage (incontinence) and be able to empty the bladder in the appropriate place at the appropriate time. 3. Prevent recurrent bladder infections. I want to focus on the final goal of minimizing or avoiding urinary tract infections (UTIs).

If you are managing your bladder with in/out catheters, an indwelling Foley catheter, or an open collection device, you will have bacteria in your urine. This is expected and does not mean you have a bladder infection. However, if you develop fever, fatigue, chills and/or increased spasticity, *and* have white blood cells in your urine you have a bladder infection that needs to be treated. Many patients will get a bladder infection one to two times a year, but the goal is to colonize good bacteria in the urine which do not cause bladder infections. This is possible if you are able to stay out of hospitals, away from antibiotics (which tend to select out the bad bugs), and use a good catheter management program. A study conducted on patients who were colonized with a nonpathogenic (good) *Escherichia coli* (E coli) bacteria by introducing the E coli bacteria into the bladder and causing it to grow, demonstrated a dramatic reduction in the number of bladder infections in all subjects who were successfully colonized. The subjects only started having infections again when they lost colonization by poor catheter management or use of antibiotics

for other causes (skin infections, respiratory infections, etc). Another study which tested the aggressive use of antibiotics to clear the bladder of all bacteria on the theory that sterile urine would lead to fewer UTIs. However, the patients had just as many UTIs and needed intravenous antibiotics more often to treat infections.

The use of low dose preventive antibiotics may be needed to get away from a recurrent cycle of infections, but I like to get away from all antibiotics eventually. Addressing any problems with your catheterizing technique can be very helpful (often switching to Beta-



dyne to clean the bladder opening can prevent bad bacteria from being introduced to the bladder when you place the catheter). Once you have been infection free for three to four months and you feel you have addressed any potential technique issues, getting off the antibiotic and using it only in a pulsed manner (i.e. when you develop symptoms) can often be a good method and prevent the growth of antibiotic resistant bacteria.

I would now like to address those of you who are using a condom catheter or are voiding with good control and do not have to use a catheter at all. Since you are not introducing a foreign object (the catheter) into the bladder, you should not have bacteria in your



ASCC Medical Director Tom Kiser, M.D.

urine. If you are having routine bladder infections, something is not right, and I would recommend a visit to your urologist for an urodynamics study or a cystoscopy exam, which entails a scope introduced into your bladder to assess your bladder anatomy. Sometimes a bladder stone can be found, which may be colonized with pathogenic bacteria.

There are many antibiotics which can be used to treat bladder infections. Often your doctor will treat your bladder infection empirically (without a urine culture), but the only way to be certain you are treating the right bacteria with the right antibiotic is to get a culture. There are several antibiotic interactions to be aware of, and it is important to inform your doctor or your pharmacist of all the antibiotics and over the counter medications you are taking so they can screen for interactions. The two biggest concerns are the use of Tizanidine (Zanaflex) with Ciprofloxin (Cipro) as this combination can affect your heart rhythm, and the use of Methenamine mandelate (Mandelamine) with sulfa antibiotics (Bactrim or Septra) which can result in crystals forming in your bladder.

However you are managing your bladder, you should be able to achieve good control with minimal leakage and minimal infections. If you are struggling, discuss this with your physician and seek some help.

Get You Flu Shots

Influenza, also known as the flu, is a contagious disease caused by the influenza virus.

Influenza can be spread by coughing, sneezing, or nasal secretions. Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include: fever/chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose.

Other illnesses can have the same symptoms and are often mistaken for influenza. Each year thousands of people die from influenza and even more require hospitalization.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most

years. People with spinal cord disabilities (SCID) are at increased risk of developing influenza, pneumonia, and ensuing complications. Respiratory complications are the leading cause of morbidity and mortality among individuals with spinal cord injury (SCI). Influenza vaccine has been shown to be effective, yet vaccination rates have been low in this population.

Influenza vaccinations (flu shots) are available in many locations in your community. Medicare, Medicaid, and private insurance cover the cost. Contact your physician, pharmacist, or local health unit to make an appointment.

For a list of AR Dept. of Health free flu clinics, go to <http://www.healthy.arkansas.gov>. Click on F for flu and then click on flu clinics.

It only hurts for a second and can prevent serious illness!

Spina Bifida Christmas Party

Mark your calendar for the annual Spina Bifida Christmas Party at Camp Aldersgate!

The holidays will be here before you know it! The 2012 Spina Bifida Christmas Party sponsored by the Spina Bifida Support Group of Arkansas is scheduled for Sunday, December 9, 2012, 2:00 – 4:00 p.m. at Camp Aldersgate.

Camp Aldersgate is located at 2000 Aldersgate Road, Little Rock, AR. Individuals who live with Spina Bifida and their families are welcome to come.

Activities will include music, games, fellowship, Chef Garry's great cooking and a visit from **You Know Who!** Additional information will be mailed in November.

If you have questions, contact Vicki Rucker at 501-978-7222.

Arkansas Paralympian

Mary Allison Milford, 26, from Magnolia, Arkansas represented our state as a member of the USA Womens Wheelchair Basketball Team who won the at the 2012 Paralympic Games in London England, August 29 – September 8. This is Mary Allison's third International competition, she also competed in the 2008 Paralympics in Beijing and the 2010 World Championships in London. After graduating from Magnolia High School, MA attended the University of Alabama on a wheelchair basketball scholarship. She now works as a Recreation Specialist at the Lakeshore Paralympic training Center in Birmingham. MA set a goal to be a Paralympian when she was 12 and started her basketball career as a founding member of the Arkansas Junior Rollin Razor-

backs. We are proud of our Arkansas Paralympian!



Stolen Wheelchair?

Have you ever decided to take a quick trip to the store and left your wheelchair outside under the carport only to return and your wheelchair is gone? Or has a fire or a tornado destroyed your wheelchair? Or maybe your wheelchair has fallen out of the back of a moving pick up truck.

All is not lost; Medicare/Medicaid can replace your wheelchair if you follow a few guidelines.

If your wheelchair is stolen, damaged in a motor vehicle crash or falls from the back of a pick up...

- Obtain and submit a police report; the report must mention that the wheelchair that was damaged or destroyed.
- Submit a copy of your homeowner

See Stolen Wheelchairs? on page 6

GETTING SOCIAL... Hermit Be GONE, I'm Going Places!

In an era of blazing gas, food, and additional trickle down prices you want to become socially active, get out, live and be independent. So, the question is how do I do this? I have noted through the years that more and more clients have become "hermits" not because of lack of the desire to GET OUT, but because of the lack of funds or knowledge on the how to's with a limited budget.

Anyone ever heard the term "social networking"?... and I'm not talking about Facebook! Social Networking has been around for years, prior to the era of the Internet. Social networking was how we USED TO meet new people that have the same interests, concerns, or passions. We thrived and used those as a means of meeting new people.

Contrary to what some might think, getting socially active can be something as simple as volunteer-

ing. Volunteer at your local humane society, homeless shelters, community parks and recreation centers. Why vent about neglected animals when you can actually go out there and spend an hour showing them they are loved? You don't have to have or spend money to volunteer but transportation is a must.

Many times, if you focus on things that interest you, it gives you a common ground for a start up conversation piece. There is also a host of opportunities to meet new people that are free.

Attend Gardening Clubs that are free at your local home improvement stores. Who knows, you might have a green thumb or want to develop one. Local Worship Centers/ Churches generally have meet and greet meetings during the week that will allow you to access others that have the same beliefs. Independent Living Centers (4 in

the State of Arkansas) have social events to meet other people with and without disabilities where friendships can form.

Remember... It's about finding that common ground where everyone has similar interests as you. If you have a little free time and play money, most people do not realize that something as simple as a billiard hall or bowling alley are a great place to meet new people for a really low cost (under \$10 per hour at the pool table or bowling lane). You can't be seen or talk to others in a dark movie theater so spread your play money around to new activities that will get you out in the open. The goal in mind here is participating in activities that focus on things you like as a way to meet new people... the same way people without disabilities meet new people.

So, get out there and BE SOCIAL!

Grant Marshall Reappointed

Magnolia resident Grant Marshall was sworn in as a member of the Technology Equipment Revolving Loan Fund Committee (TERLFC) on August 6, 2012. Marshall was reappointed by Governor Mike Beebe to the TERLFC for a second term. The term will expire June 30, 2015. Marshall is a 1981 graduate of Southern Arkansas University.

The committee provides financial opportunities to individuals with disabilities to purchase or modify essential assistive technology, adaptive equipment and related services.

Assistance is provided to help individuals maintain or achieve independence, productivity and full participation in the community. Funds are provided to purchase communication devices, prosthesis, wheelchairs, car lifts, printed materials, ramps and roll-in showers.

Composed of nine members, the Technology Equipment Revolving Loan Fund Committee is a program of Arkansas Rehabilitation Services. For more information contact 501-682-1600.

Stolen Wheelchair?

Continued From Page 5

or auto insurance.

If your wheelchair is destroyed by fire or tornado:

- Obtain and submit a report from the fire department, the report must mention the wheelchair that was damaged or destroyed.
- Submit a copy of your homeowner insurance policy
- If you live in an apartment, you will need a letter from the apartment manager detailing the accident.

When you have the necessary documentation, take it to a Durable Medical Equipment provider. The provider will then start the process by requesting medical information just as was done with your previous wheelchair. Remember, getting your wheelchair replaced is not going to happen over night but it can be done. Should you need a loaner wheelchair to use while you are waiting to get a replacement chair, contact your Spinal Cord Case Manager for help.

Important Note: Each report is handled on a case-by-case situation, and requirements may vary.

Keeping Intake and Activity in Balance

I'm interested in nutrition, and I really love my sport – basketball – and the whole world of disabled sports. My goal is to use solid evidence in research and my own personal knowledge to gain insight into what is nutritionally important when it comes to sport for people with disabilities.

The majority of us play our sport in a chair, and stay in a chair for most of the day. The amount of leg usage is much less (if not zero) in comparison to able-bodied people. What's important to know is that leg use and the natural motion of walking does a lot for our digestive system. There's also no argument that our biggest, most energy-using muscles are located in our legs – and there's the problem.

Since a lot of calorie burning comes from leg sprints, running, biking, etc., we have to account for the lost “normal” physiological actions bodies go through. For example, a paraplegic will burn fewer calories than a same-sized able-bodied person through the movement from one location to another. We have strong arms, shoulders, etc., and most able-bodied people wouldn't be able to push as far or hard or as long as we can. But arms in comparison to legs is not a fair comparison.

Due to our “cramped” form when we play (buckled in, pressure points, knees bent up, etc.), I believe we need more hydration in order to stay hydrated and help our digestive system flow. You would be surprised how much a difference drinking water throughout the day will do for your health. I was able to climb out of a 3-4 month sickness my freshman year at the University of Illinois by just carrying around a huge bottle filled with nothing but water. Does it have to be water? Techni-

cally, no. I know a big choice with athletes is sports beverages. These are great options because they also replenish minerals lost in sweat to prevent things like muscle cramping. The sugar inside can also help provide immediate energy during workouts. This sugar is also why it should be avoided outside of physical activity.

Another great option is milk, especially the low-fat variety; high protein, high micronutrient profile, and low fat – all great things! This drink is built to get you built.

Let's also consider fiber. It has been very much pushed by health experts, and especially dietitians, to lose weight. The DRIs, or Daily Reference Intakes, as stated by the

You would be surprised how much a difference drinking water throughout the day will do for your health.

United States Department of Agriculture (USDA), says adult men need 38 grams of fiber/day and adult women need 25 grams/day. Now, I don't know if any of you have tried to get your full amount of fiber for one day, but it is tough! On top of that, I believe fiber can hurt athletes with a disability.

Fiber does a great job of pushing the digestive system along. This is because fiber acts as nonabsorbed material that literally “pushes” food through the system. What it can also do is give us a sense of “urgency” (if you know what I mean) or even have the opposite effect and make our stomach and abdominal area feel like stone. Gas-related pressure can build up and hurt us, especially against belt buckles or other seat constraints.

I'm not telling you to not eat fiber – I am only giving you my theory as to what I think the differences are between able-bodied and disabled athletes. Be smart when it comes to eating close to workouts or competition, or whatever it is you do actively. I normally eat my fiber around dinnertime after I've done all my daily exercising. It is a comfort zone that is worth looking for.

Do you know what helps fiber work and do it's job? Water! Didn't I mention water before? If you are going to eat a lot of fiber, assist the digestion with enough compensation in water. You will find yourself less bloated and have easier trips to the restroom.

Before you do anything with your diet, make sure you take comfort into consideration. If any kinds of foods always cause discomfort, it is more important to avoid them, not to eat them “because you should” or someone told you to. If foods containing a lot of fiber always cause issues, avoid them! Try smaller doses or new foods.

In the end, drink water throughout the day. If not water, grab a sports drink or some milk! The fluids will help your body naturally digest.

With fiber, be careful! It's probably not smart to eat fiber-full meals or snacks directly before heavy activity. Don't avoid the good stuff, though! Fiber should still be a part of every meal in order to facilitate your digestive tract.

Happy eatings!

Tom Smurr plays professional wheelchair basketball in Italy and holds a bachelors degree in food science and nutrition.

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CLIENT SPOTLIGHT



Hogan Crecelius of Jonesboro, AR

What is your level of injury or diagnosis?
C-8 Spinal Cord Injury, Tetraplegic.

Where do you work?
Progressive Insurance.

What type of job do you have?
I am a claims adjuster/file owner.

How long have you worked at this job?
Eight years.

How did you locate your job?

I was employed here before my accident four and a half years ago.

What type of state/federal benefits have you maintained?

I have Medicare A and B and working Medicaid.

What do you enjoy most about the job?

The people that I work with.

What do you enjoy least about the job?

The carpeting in the office that makes it a little difficult to push around.

What accommodations does your employer provide?

Minor modifications have been made to the restroom and some equipment placed closer to my desk for accessibility.

How do you benefit by being employed?

I am able to do the same things I was doing before my accident, I am still able to provide for my family, and I cannot imagine not being able to work.

What made you decide to go back to work?

I have always worked and my injury wasn't going to stop me from carrying on with the way of life I had before my accident.

How much support do your coworkers provide?

The people I work with are like a second family to me. They are there when I need them.

What are your future goals?

Of course to be able to walk again, but carry on as long as I can, providing for my family, traveling, having fun, and to always try to inform people and the public that just because I am disabled, does not mean I can't do it.

What is the most positive benefit since starting work?

Being able to come back to a position that I had before my accident and resume where I left off. Working with the people I work with that see past my disability and treat me no different than anyone else.

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